THE INTERSECTION OF INJECTING DRUG USE AND HIV/AIDS IN NEW YORK CITY

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Since the earliest years of the acquired immunodeficiency syndrome (AIDS) epidemic in New York City, injecting drug use has played a varying, but significant, role in human immunodeficiency virus (HIV) transmission. This article examines epidemiologic data collected by the New York City Department of Health on HIV/AIDS among injecting drug users (IDUs) and the major programmatic responses developed by the Department to address this critical component of the epidemic.

Although AIDS was documented first in gay men in New York City in 1981, cases soon emerged in IDUs. The first case of AIDS was diagnosed retrospectively in an IDU in 1978, and by 1989, injecting drug use was the most frequently reported transmission category in New York City. As HIV emerged into the drug-using community, the complexity of the city's epidemic expanded. Compared to many other urban areas in the US, the HIV epidemic in New York City has evolved into a series of distinct, but intersecting, epidemics.

Within the community that uses injection drugs, the spread of HIV infection began to occur via multiple modes of transmission. Because both men and women are involved in injecting drug use, the epidemic among IDUs almost immediately spawned a new epidemic among women, who previously had been little affected by HIV. Because many IDUs also engage in unprotected sexual activity, heterosexual transmission rapidly emerged, predominantly affecting women who acquired HIV from their drug-using male sexual partners. The department's Office of

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HIV/AIDS Surveillance estimates that approximately 60% of cumulative AIDS cases among women involved HIV acquired via heterosexual transmission from a drug-using sexual partner.[1] In addition, because many of these women acquired HIV during their childbearing years, perinatal infection of children became a small, but important, component of the epidemic in New York City. If one adds the proportion of men and women with AIDS who are IDUs themselves to the proportion of heterosexual women and children who acquire infection as an indirect result of injecting drug use, approximately 70% of reported AIDS cases in New York City can be linked either directly or indirectly to injecting drug use.

The number of newly diagnosed AIDS cases among IDUs in New York City peaked in 1993 and has declined steadily since then. The advent of highly active antiretroviral therapy (HAART) has resulted in declining mortality[2] and a surge in the number of IDUs living with AIDS in New York City (Fig. 1). However, AIDS surveillance data provide an epidemiologic profile of persons at a relatively late stage of HIV infection and are not necessarily reflective of current infection trends. Since 1993, the department's Office of AIDS Epidemiology has conducted unlinked serosurveys of persons entering drug treatment at two treatment sites to monitor the prevalence of HIV infection in that population. At these sites, the cumulative seroprevalence in program entrants with an injecting drug use history was 21%, and HIV seroprevalence has not declined significantly among entrants at these sites since 1993 (Fig. 2). No significant differences in seroprevalence between male and female IDUs have been observed. Overall, black and Hispanic female entrants have a significantly higher cumulative prevalence (16% and 14%, respectively) than white women (7%). However, it is difficult to generalize from these limited serosurveillance data as drug users entering these particular drug

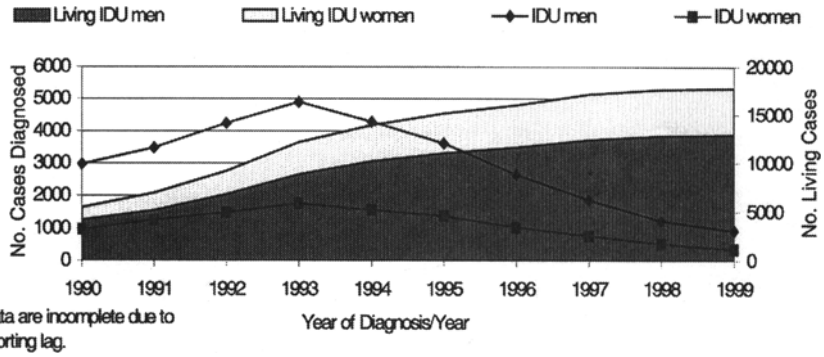

FIGURE 1 Injecting drug users reported with AIDS: trends by year of diagnosis and number of living cases by gender.

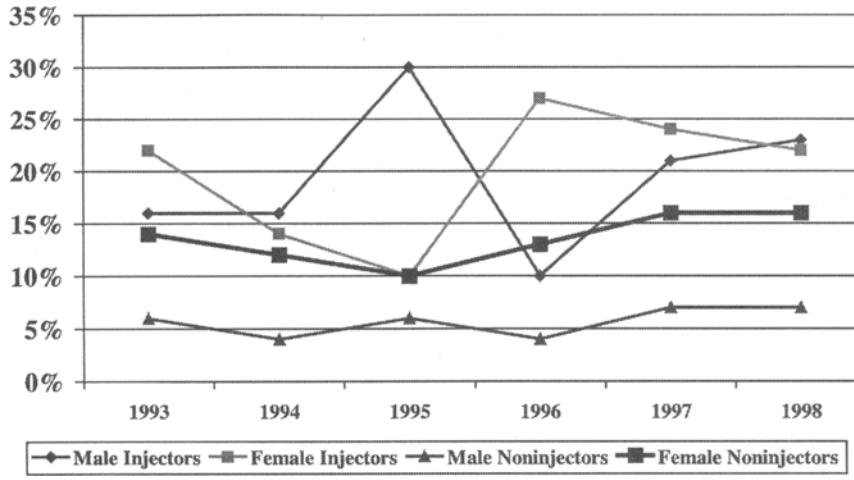

FIGURE 2 HIV seroprevalence trends, 1994–1998, for patients entering two drug treatment centers in New York City.

treatment centers may not be representative of the drug-using population as a whole.

The department has addressed the HIV/AIDS epidemic among IDUs through a variety of initiatives. Effective HIV prevention for this population requires a close linkage between interventions that address underlying substance abuse issues and interventions that address the full spectrum of HIV risk behavior in light of the multiple HIV risks most IDUs experience. New York State has the primary responsibility for the licensure and funding of substance abuse treatment programs, including both conventional drug treatment modalities and low-threshold syringe-exchange programs. The department's HIV Prevention Program has provided funding for ancillary HIV prevention education and risk reduction activities to both sets of drug treatment entities. This funding assists them to expand the continuum of prevention and health promotion services that they offer and to broaden their ability to address a full range of HIV risk behaviors in tandem with substance abuse issues.

In addition, the department has implemented a set of prevention case management programs targeted to active IDUs and other drug users with sexual transmission risk for HIV and their sexual partners. These programs, provided in a range of service settings, are intended to address the full spectrum of HIV risk behavior through intensive, individualized behavioral change interventions. Intervention components include outreach and low-threshold client recruitment and retention activities, leading to the engagement of clients in ongoing, client-centered HIV risk reduction counseling and support services, as well as referrals to a range of

other services, including HIV counseling and testing, drug treatment, and health care.

Because of the substantial involvement of the injecting drug use population with the criminal justice system, the department has also devoted substantial resources to HIV prevention interventions within that system. The department has funded the Health Link program at Rikers Island, New York City's major correctional facility, to develop and implement a model of prevention case management for inmates of that facility. Health Link includes intensive one-on-one counseling for seronegative and seropositive adult male inmates and incorporates a scientific approach to evaluating behavioral change in these high-risk participants. Through the Correctional AIDS Prevention Program, department staff conduct a range of less-intensive health education and risk reduction activities for inmates at Rikers Island, including referrals to HIV counseling and testing.

Finally, the department supports a range of health services for HIV-infected IDUs. All programs funded through the Ryan White CARE Act program in New York City are available to these individuals, and monitoring data indicate that they are utilized widely. In addition, the department supports a broad range of harm reduction, recovery readiness, and relapse prevention services targeted to HIV-infected individuals who are current or former drug users. These programs offer low-threshold, easily accessible services that focus on reducing the risks of reinfection with or transmission of HIV and other infections associated with active substance use by persons with HIV infection. They assist clients to identify and cope with triggers for substance use and promote the achievement and maintenance of recovery from drug use. These programs also strive to assist clients in accessing and remaining connected to HIV-related medical care.

The department continues to monitor the changing epidemiology of HIV/AIDS as it affects the injecting drug use population and to design initiatives to meet the HIV-related needs of these individuals. Both HIV prevention and HIV treatment programs must adapt to the increasing number of IDUs living with HIV/AIDS in New York City and the fact that, thanks to treatment advances, many are living healthier and more active lives. At the same time, many HIV-infected IDUs are not benefiting from improvements in treatment and will require more intensive outreach, case identification, and treatment support interventions to do so. The newly implemented New York State HIV reporting and partner notification program provides an opportunity to enhance HIV prevention messages and interventions and to assist more HIV-infected individuals, including IDUs, to learn their HIV status earlier and to enter the care and prevention systems. Future collaboration between the department and community-based

providers must focus on the development of integrated models for addressing substance abuse issues in conjunction with HIV prevention and treatment needs.

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